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## BIB DATA SHEET

CONFIRMATION NO. 8197

<b>SERIAL NUMBER</b> 10/579,297	<b>FILING or 371(c) DATE</b> 06/26/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 128045	
<b>APPLICANTS</b> Tsuyoshi Tada, Matsumoto-shi, JAPAN; Toshikazu Nakamura, Sakyoku-ku, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB2004/004459 11/19/2004 which claims benefit of 60/524,094 11/20/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/15/2008					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /STACEY NEE MACFARLANE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES					
<b>TITLE</b> Hydrocephalus Treatment					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		